

2023 - 2024 Registration Form

Location: Mundy Pond Buckmaster's Circle **Returning Member:** Yes No

Member's First Name: **Member's Middle Name:** **Member's Last Name:**

Member's Birth Date
(Day/Month/Year): **Member's Age:** **Gender:** Male
 Female
 Non-binary
 Other _____

School Attending: **School Grade:**

Member's Home Address: **Town/City:**

Postal Code: **Home Phone Number:** **Cell Phone Number:**

MCP: **Can swim:** Yes (can swim unassisted in deep end)
 No (needs assistance when can't touch)

List all medical/behavioral history (asthma, allergies, ADHD, etc.):

Medications your child is currently taking and administrating directions:

Required to take medication while at Club/permission to administer:

Yes No

BIPOC (Black, Indigenous, People of Colour) Yes No

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Parent/Guardian Information:

Parent/Guardian Name:

Relationship with member

Single:

Yes
 No

Home Address:

Same as registrant (if yes, you do not have to fill out below address)

Home Address:

Town/City:

Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Parent/Guardian Name:

Relationship with member

Single:

Yes
 No

Home Address:

Same as registrant (if yes, you do not have to fill out below address)

Home Address:

Town/City:

Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

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Additional Emergency Contact Information:

Emergency Contact Name:	Relationship with member:	Can pick up my child from club:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Work Phone:	Cell Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Name:	Relationship with member:	Can pick up my child from club:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Work Phone:	Cell Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Walk Consent:

I wish to allow my child to depart from the BGC St. John's programs without being accompanied by a parent/guardian.

I fully accept all responsibility for my child's safety once programming has finished. I agree to indemnify and hold harmless BGC St. John's from any loss, injury, claim, damage, accident, or cost, which may result from my child's departure.

Yes No

Pick Up

Fill out below if you did **not** give walk consent. Only include names not listed in emergency contacts

Pick up Name:	Relationship:
<input type="text"/>	<input type="text"/>

Pick up Name:	Relationship:
<input type="text"/>	<input type="text"/>

Pick up Name:	Relationship:
<input type="text"/>	<input type="text"/>

Media Consent:

I give consent to have videos/photos/film/audio of my child recorded and used in promotional materials (ex. Newspapers, Facebook, program brochures, promotional video, etc.) of BGC Canada and its member clubs, and/or external partners.

I accept I decline

Rules of Conduct:

1. **No fighting, bullying, stealing, vandalism of any kind**
 2. **No foul language and/or rude behaviour**
 3. **Smoking is not permitted in or around the Club**
 4. **No junk food. We are proud to be junk food free**
 5. **All personal electronic devices are to be kept in school bags or left at home**
 6. **BGC St. John's is not responsible for lost or stolen items. Please do not bring valuables to Club**
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Payment/Subsidy:

The cost of our Afterschool Program is \$7 per day, Day Camps are \$25 per day, and weekly camps are to be determined. We have a subsidy program families can apply for by request. In order to apply for our subsidy, we require your 2022 Option C or Notice of Assessment from the Canadian Revenue Agency for all contributing parents/guardians. For more information please contact:

Mundy Pond Unit: Deanne Dawe 579-0181 ext. 301 or ddawe@bgcstjohns.ca

Buckmaster's Circle Unit: Vicki Doyle 579-0181 ext. 201 or vdoyle@bgcstjohns.ca

Payment can be made at the end of every month, once you receive your invoice via email. Options for payment are cash, credit, debit, cheque, or email transfer. Credit cards can be kept securely on file and automatically charged monthly.

Waiver:

I give permission for my child to attend and take part in all activities and outings associated with BGC St. John's programs. I further understand that if my child does not adhere to the rules and regulations, the Club has the right to revoke this membership.

I, the undersigned, do hereby waive all claims against the BGC St. John's and its representatives for any accident or injury that may occur to the person named and his/her property, provided proper supervision has been given.

Parent/Guardian Signature

Date